

Acute Respiratory Infection and Influenza Surveillance Form

Criteria for patient selection and testing

- symptom onset within 4 days
- any two of the following
 - o rhinorrhea
 - o nasal congestion
 - o sneezing
 - o sore throat
 - o cough
 - o fever

School ID: _____

Participant ID: _____

Name: _____

DOB: ___ / ___ / ___

Wisconsin Influenza and Acute respiratory Infection Surveillance
Nicasa Study
Oregon Child Absenteeism due to Respiratory

- -

Days between illness onset and today's visit: ____ days

Exposure to a similar illness 1-3 days prior to ARI onset? Yes No

Recent Travel? Yes No **Recent Exposure to Farm Animals?** Yes No

Severity of Illness (circle): Mild Moderate Severe

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: White American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander

Measured Temperature ____ °F **Antipyretic use within the last 6 hours?** Yes No

Symptoms (circle all that are present):

- | | | | | |
|-------------|----------------|--------------|------------|------------------|
| Fever | Chills | Cough | Wheezing | Runny Nose |
| Sore Throat | Malaise | Myalgia | Arthralgia | Nasal Congestion |
| Headache | Ear Pain | Anorexia | Vomiting | Abdominal Pain |
| Diarrhea | Conjunctivitis | Other: _____ | | |

Influenza antiviral treatment for this illness prior to this visit? Yes No

Seasonal influenza vaccine prior to this illness? Yes No

Indicate Specimen Type(s) for PCR testing: nasopharynx posterior pharynx

----- **ITEMS BELOW THIS LINE FOR LABORATORY ONLY** -----

Sofia Result: flu A flu B both negative invalid

Sample Code: ORCHARDS - ____ - ____ - ____

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor this survey, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.

site week staff sample

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